

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 048-295

## BRIEF TITLE

## APPROVED DEADLINE

## REASON

Amend RES A-80161

Clarify when a meal reimbursement

is allowable

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Amend RES A-80161 to clarify when a meal is reimbursable by the City. The IRS has determined that any meals reimbursed where there is no overnight stay represents taxable income to the employee; therefore, these meals will not be reimbursed by the City.</p>	Sponsor	Don Herz, Finance Director Peggy Watchorn, City Controller
	Program Departments, or Groups Affected	All department's
	Applicants/Proponents	Applicant  City Department Finance Dept  Other
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

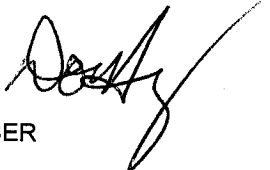
**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
		Clarification _____ _____ _____	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____	
	<b>FINANCES</b>		
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:                      \$ 0 COST of this Ordinance/Resolution                      \$ 0	
		RELATED annual operating Costs                      \$ 0	
		INCREASE REVENUE EXPECTED/YEAR                      \$ 0	
	<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
		_____	\$ _____ %
		_____	\$ _____ %
_____		\$ _____ %	
_____		\$ _____ %	
_____		\$ _____ %	
NON CITY [Approximately]			
_____		\$ _____ %	
_____		\$ _____ %	
_____		\$ _____ %	
<b>BENEFIT COST</b>			
<input type="checkbox"/> Front Foot                      Average Assessment			
<input type="checkbox"/> Square Foot    \$ _____                      \$ _____			

APPLICABLE DATES:

FACT SHEET PREPARED BY: Peggy Watchorn, City Controller

REVIEW BY:



REFERENCE NUMBER